

## CLAIMS ONLY

Application Number

01457847

Filing Date

Applicant(s)

CLAIMS	<del>AMENDED</del>		<del>AMENDED</del>		<del>AMENDED</del>	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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46						
47						
48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
62						
63						
64						
65						
66						
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68						
69						
60						
61						
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97						
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99						
100						
Total Indep			4			
Total Depend			23			
Total Claims			27			